

Patricia Becker
National Stamps Processing
Paralegal Specialist
(703) 305-3733

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE		
						107019005			
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	
1	/					51			
2	/					52			
3	2					53			
4	0					54			
5	0					55			
6	0					56			
7	0					57			
8	0					58			
9	0					59			
10	0					60			
11	0					61			
12	0					62			
13	1					63			
14	1					64			
15	1					65			
16	3					66			
17	3					67			
18	/					68			
19	/					69			
20	/					70			
21						71			
22						72			
23						73			
24						74			
25						75			
26						76			
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37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	4		3						
TOTAL DEP.	20	↓	15	↓	↓				
TOTAL CLAIMS	24		18						